

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32301

State File No. _____
Registrar's No. 53

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY MERCER		b. CITY (If outside corporate limits, write RURAL and give township) PRINCETON		c. LENGTH OF STAY (In this place) 9 DAYS		d. STREET ADDRESS LUCERNE	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. CITIZEN OF WHAT COUNTRY?	
a. (First) LETHA		b. (Middle) GUSTA		c. (Last) HAMILTON		d. (Month) (Day) (Year) SEPT. 28 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 3 1889	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY OWN HOME		10. AGE (In years last birthday) Months Days 63 9 25		11. BIRTHPLACE (City and State or Foreign Country) PUTNAM COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME JOHN D GREEN			
14. MOTHER'S MAIDEN NAME MARY E FRAZIER				15. NAME OF HUSBAND OR WIFE JOHN A HAMILTON			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				17. SOCIAL SECURITY NO. NONE			
18. CAUSE OF DEATH				19. MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 332X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PRINCETON, MO PUTNAM COUNTY MISSOURI			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>May 28, 1948</u> , to <u>Sept 28, 1952</u> , that I last saw the deceased alive on <u>Sept 28, 1952</u> , and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Marion Lambert M.D.</u>				23b. ADDRESS <u>Princeton, Mo</u>			
23c. DATE SIGNED <u>9/30/52</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
24b. DATE SEPT. 30 1952				24c. NAME OF CEMETERY OR CREMATORY TORREY CEMETERY			
24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI				25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> BY <u>E. W. Comstock</u>			
DATE REC'D BY LOCAL REG. 10-3-52				REGISTRAR'S SIGNATURE <u>Boil</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James W. Constock

Licensed Embalmer No. *4187*

P. O. Address *Uxbridge, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.